



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY

Mailing: 123 Chalan Kareta, Mangilao, GU 96913
Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910



RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

III. Fee: Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

- | | |
|---|-----------|
| 1. () Examination and Registration as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 20.00 |
| 2. () Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 10.00 |
| 3. () Examination and Registration as an Instructor | \$ 20.00 |
| 4. () Re-Examination and Registration as an Instructor | \$ 10.00 |
| 5. () Renewal of Certificates | \$ 4.00 |
| 6. () Cosmetological Establishment License and Certificate | \$ 20.00 |
| 7. () Renewal of Cosmetological Establishment License | \$ 4.00 |
| 8. () School of Cosmetology License and Certificate | \$ 100.00 |
| 9. () Renewal of School of Cosmetology License and Certificate | \$ 25.00 |
| 10. () Photocopy of record per page | \$ 1.00 |
| 11. () Initial Application Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) | \$ 200.00 |
| 12. () Annual Special License Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) | \$ 800.00 |
| 13. () Late Renewal Fee | \$ 20.00 |

NOTE: All checks and money order must be made payable to "Treasurer of Guam". Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office then return the processed form to GBBC. Off-island applicants, return this form with your payment to GBBC at the above address. **ALL LICENSES/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE.**

FOR OFFICE USE ONLY: Form of Payment: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card

Field Receipt # _____ Date Paid: _____



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CASHIER COPY

V. Verification of Licensure: Please print the complete name used on original license and your social security number

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